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supports and services  
THAT FOSTER self-determination.

# Waiver Service Q&A Session 2

**October 25, 2021**

# Participant Services - (Self-Directed & Provider Managed) Changes To Community Specialist (CS) - Definition

The waiver core service definition of “Community Specialist” is modified (enhanced) to include the following text:

“CS is a direct service which may require higher level of skillset and training that assist the individual in achieving their outcomes. The CS performs the implementation strategies of the outcome through direct instruction. CS staff may be part of the Person-Centered Planning process that identifies the individual’s needs and desires; however, does not authorize the service nor monitors the progress of the CS service”.



# Participant Services - (Self-Directed & Provider Managed) Changes To Community Specialist (CS) –Provider Type



Previously, the Provider Categories and associated Provider Type Title(s) included within the Community Specialist Waiver Service were:

<b>Provider Category</b>	<b>Provider Type Title</b>
Agency	Day Habilitation
Agency	Individualized Supported Living
Agency	State Plan Personal Care Provider
Agency	Community Integration
Individual	Qualified Community Professional

The Provider Categories and associated Provider Type Title(s) have been modified in such that the Provider Categories and associated Provider Type Title(s) included within the Community Specialist Waiver Service are:

<b>Provider Category</b>	<b>Provider Type Title</b>
Agency	Qualified Community Specialist
Individual	Qualified Community Specialist

New Self-Directed Waiver Service  
Individual Directed Goods and Services (IDGS)



**Waiver Core Service Definition:** Individual Directed Goods and Services:

“Individual Directed Goods and Services, often called IDGS, refers to a service, support, or good that may be used under the Self-Directed Service Delivery that enhances the individuals’ opportunities to achieve outcomes related to full membership in the community.”

**Definition Recap:**

IDGS are services, supports, or goods not otherwise provided (paid for, gifted/donated, etc..) by another source, and meet the eight required criteria, that address an identified need of the individual. The IDGS service will allow for, up to, \$3,000 to be allocated to an individual (through an IDGS budget) after the IDGS service is authorized.

# New Self-Directed Waiver Service Individual Directed Goods and Services (IDGS)



To qualify, each service, support or good selected must:

1. Meet the individual's safety needs, community membership and also advances the desired outcomes in the individual's Individual Support Plan (ISP)
2. Increase independence, substitute for human assistance
3. Reduce the need for a Medicaid waiver service
4. Have documented outcomes in the ISP
5. Not be prohibited by Federal and State statutes and regulations
6. Not be available through another source and the person does not have the funds to purchase it
7. Be acquired based upon anticipated use and most cost-effective method(s)
8. Not be experimental or prohibited.

# New Self-Directed Waiver Service Individual Directed Goods and Services (IDGS)



## **Examples of IDGS:**

There is no cumulative or exhaustive list of services, supports, or goods that can be purchased using the IDGS service. While this leaves the interpretation of “qualifying” services, supports, or goods broad, it is intended. An item that is purchased through the IDGS service for one individual may not be an appropriate and/or necessary purchase for another individual; the service, support, or good must advance a desired outcome, as documented in the individual’s ISP and meet each of the eight criteria required. This tailoring of the IDGS service limits the ability to provide actual and true examples without assessing the need of each individual separately and in conjunction with the required criteria for each request of IDGS service(s).

## IDGS Service Payment

Individuals will not pay for the IDGS service, support, or good and then be reimbursed for the purchase.

# New Self-Directed Waiver Service Individual Directed Goods and Services (IDGS)



## **IDGS Service Payment (cont.)**

Missouri's Financial Management Service (Acumen) will serve as the "payer" once the IDGS service has been approved by MO DMH/DDD. An IDGS service budget will be created for the individual(s). The IDGS service budget will be separate from other Self-Directed Supports budget(s) for PA, Medical PA, and Community Specialist. Therefore, the IDGS service budget will have its own service code (currently unknown). Missouri's Financial Management Service (Acumen) will make payment to the vendor providing the service, support, or good under the IDGS service via invoices, screenshots of "carts" and similar methods, with such purchase amount being deducted from the individuals' IDGS service budget.

## **IDGS Service Providers**

There is currently no cumulative or exhaustive list on who the providers of IDGS services are and/or will be.

Approved services, supports, or goods may be purchased through any vendor so long as the vendor(s) complete a Form W9, which is to be submitted to Missouri's Financial Management Service (Acumen). It will be the responsibility of the Employer to obtain the Form W9 and submit to Missouri's Financial Management Service (Acumen).

## **IDGS – Other**

Missouri's Self-Directed Supports team is currently working on the mechanics (Assessment of Need tool, review/approval process, unusual billing situations, service code, taxation, shipping, etc.) alongside Missouri's Financial Management Service (Acumen) and DMH/DDD. Once the process(es) have been finalized, it will be shared.

## Support Brokers - Scope

The scope of Support Brokers is enhanced to include IDGS as an item that Support Brokers are permitted to provide information and assistance with to individuals and/or designated representatives.



## FYI...

The requirement that a Support Broker have experience or Division DD approved training is no longer referenced in the definition/scope of Support Broker.

It is now referenced under each Provider Type specifications (Verification of Provider Qualifications). The requirement is referenced under all provider type(s); no changes in regards to training should be recognized.

# Environmental Accessibility Adaptation (EAA) Changes to Van Modifications – Cont.

- EAA service can be used toward the purchase of the existing adaptations in a pre-owned vehicle.
  - In these instances, contracted dealership/vendor must be paid directly by the state.
  - The individual will not receive any Medicaid funding to make the purchase.
  - The contracted dealership/vendor must provide an invoice/purchase order that only includes the vehicle adaptations and not the vehicle.
  - The price of the adaptation must be comparable to market value and not include any labor cost.
  - OT/PT Evaluation required

# Environmental Accessibility Adaptation (EAA) Changes to Van Modifications – Cont.

- Waiver funds cannot be used to purchase the vehicle chassis.
- “Blue Book\*” value of the same vehicle without modifications should be used to establish the value of the chassis.

\*Other tools to determine vehicle value can be utilized.

# Environmental Accessibility Adaption (EAA)

- 👤 Increase of Annual Limit of Home and Vehicle Modification
  - 👤 Previous annual limit of \$7500.00 allowed an exception process up to \$10,000.00
  - 👤 Waiver renewal utilizes FMAP funds for FY 22 to increase annual limit to \$10,000.00 without requirement of an exception.
    - 👤 No exceptions will be considered above the \$10,000.00

# Assistive Technology

- A device, product system, or engineered solution whether acquired commercially, modified, or customized that addresses an individual's needs and outcomes
- Is for the direct benefit of the individual in maintaining or improving independence, functional capabilities, vocational skills, or community involvement.
- Remote monitoring assists the individual to fully integrate into the community, participate in community activities, and avoid isolation.

# Assistive Technology

Assistive Technology must include at least one of the following:

1. Consultation – functional evaluation of the need (1/yr)
2. Equipment – the initial lease, purchase, warranty
3. Service Delivery – monthly service implementation
4. Support – education, training, consultation (40 hrs/yr)

# Assistive Technology

## Billing Codes

- |                     |                                |
|---------------------|--------------------------------|
| 1. Consultation     | A9999 UA                       |
| 2. Equipment        | A9999 UB                       |
| 3. Service Delivery | A9999 UC                       |
| 4. Support          | A9999 U9                       |
| 5. Remote Support   | A9999 GT (all four components) |

## Home Delivered Meals

### IS

- Available only in the Community Waiver
- Monitored by the Support Coordinator
- Up to 14 meals a week at standard rate of \$5.90 per meals

### Is not

- 🕒 Authorized when natural support or paid support is required during the meal
- 🕒 Authorized if the person has natural support that can prep meals ahead of time for the person to warm up

## Home Delivered Meals

### **The individual must**

- Be unable to prepare some or all of his or her own meals
- Have no other natural support to prepare meals
- Have a need identified in the Individual Support Plan

### **The provider must**

- Initiate new orders within 72 hours
- Provide 2 meals, 7 days per week
- Deliver in accordance with ISP
- Ensure nutritional values are met
- Prepared under supervision - consultation of dietician

## In Home Respite

In-home respite care is provided to individuals unable to care for themselves, on a short-term basis, because of the absence or need for relief of those *persons (other than paid caregivers)* normally providing the care. *Respite care may not be furnished for the purpose of compensating relief or substituting staff.*

# Out of Home Respite Temporary Residential

- *Short-term basis due to absence or need for relief of those who normally provide care for an individual*
- Identified as a need in the ISP
- Provides planned relief to the customary caregiver
- *Out of home respite is used by an unpaid caregiver, is not for use by providers and is not compatible with residential services.*

# Out of Home Respite Temporary Residential

## Limit

- 👤 No more than 60 days annually
- 👤 Unless exception approved by ROD or *designee*
- 👤 60 days may be consecutive
- 👤 If provided in an ICF/ID or State Habilitation Center, cannot exceed 30 days

## Required by CMS

- 👤 The total limit of out of home respite is 6 months. The Out of Home Respite service is a temporary service and requires a hard limit to the exception amount. This will not affect section 9817 of ARP.

# Out of Home Respite Temporary Residential

- *Group Homes*
- *Stand alone Respite Facility must be Certified or Accredited*
- *A host home provider may provide out of home respite services if there is not currently an individual residing in the home and receiving host home services.*
- *May also access shared living relief homes*

## Personal Assistant

- Includes a range of assistant to enable individuals to complete tasks they are not able to do for themselves.
- Provides supports and incidental teachings to assist the person to participate in their home and community.
- Can be provided in the person's home, family home, and in the community

# Personal Assistance

- 👤 May provide hospital supports to assist with supervision, communication and others that the hospital is unable to provide
- 👤 Must be identified in the person's ISP
- 👤 IS NOT used for visiting or checking in, must be clearly defined in ISP
- 👤 Hospital supports are billed to the authorized PA code

# Personal Assistance

## Changes

-  Can no longer be authorized in conjunction with Group Home, individualized supported living or Shared Living
-  Can no longer be authorized for the purpose of a Remote Support response center
  -  This component needed combined with A9999 GT

# Group Home

Group home services provide care, supervision, and skills training in activities of daily living, home management and community integration. This includes assistance and support in the areas of self-care, sensory/motor development, interpersonal skills, communication, community living skills, mobility, health care, socialization, money management and household responsibilities.

# Group Home

- 👤 May provide hospital supports to assist with supervision, communication and others that the hospital is unable to provide
- 👤 Must be identified in the person's ISP
- 👤 IS NOT used for visiting or checking in, must be clearly defined in ISP
- 👤 Hospital supports are billed to S5125 HI \$7.27 per unit

# Group Home

## New Limit

 The Group Home service includes components of PA, ISD and CN within the service implementation; therefore PA, ISD and CN services cannot be authorized in addition.

**Changes required by CMS:** PA, ISD and CN are already components of the Group Home service and funded under the Group Home service.

# Individualized Supported Living (ISL)

- Provides individualized supports, delivered in a personalized manner, to individuals who live in homes of their choice.
- Individuals may choose with whom and where they live, and the type of community activities in which they wish to be involved.
- Characterized by creativity, flexibility, responsiveness and diversity .
- Enables people with disabilities to be fully integrated in communities.

# Individualized Supported Living (ISL)

- 👤 The home in which a person receives ISL services is a private dwelling, not a licensed facility and must be owned or leased by at least one of the individuals residing in the home.
- 👤 Each individual in the home has free choice of provider and is not required to use the same ISL provider chosen by their housemates.

# Individualized Supported Living (ISL)

- 👤 May provide hospital supports to assist with supervision, communication and others that the hospital is unable to provide
- 👤 Must be identified in the person's ISP
- 👤 IS NOT used for visiting or checking in, must be clearly defined in ISP
- 👤 Hospital supports are billed to S5125 HI \$7.27 per unit

# Individualized Supported Living (ISL)

## New Limit

-  The Individualized Support Living service includes components of PA, ISD and CN within the service implementation; therefore PA, ISD and CN services are cannot be authorized in addition. **Changes required by CMS:** PA, ISD and CN are already components of ISL service and funded under the ISL service.

## Shared Living

Shared Living is an arrangement in which an individual chooses to live with a couple, another individual, or a family in the community to share their life experiences together. Shared Living can be provided in the home of the care giver (Host Home Services) or in the individual's home (Companion Services)

# Shared Living

- 👤 Skill development to prevent the loss of skills and enhance skills leading to greater independence and community inclusion
- 👤 Transportation is included in the Shared Living Rate

# Shared Living

- 👤 May provide hospital supports to assist with supervision, communication and others that the hospital is unable to provide
- 👤 Must be identified in the person's ISP
- 👤 IS NOT used for visiting or checking in, must be clearly defined in ISP
- 👤 Hospital supports are billed to S5125 HI \$7.27 per unit

# Shared Living

- The Shared Living service includes components of PA, ISD and CN within the service implementation; therefore PA, ISD and CN services cannot be authorized in addition. PA, ISD and CN are already components of Shared Living service and funded under the Shared Living service



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